REV 01 FORM 009

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Site name Site address Site add				Do not write above this line.
Part 1 — County locations and municipal locations (no business district tax) You must round your figures to whole dollars. See Instructions. General merchandise 4a	Account ID:			
Location code Site name Site address Sa		ocations and municipal locations (no business distric	t tax)	
Location code Site name Site address Sa		General merchandica		
City, state, ZIP	Site name	4a X Food, drugs, and medical appliar	nces ^(rate) =	4b
City, state, ZIP	Site address	5a X	(rate) =	5b
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Page totals 4a 4b	City state 7IP		(rate)	
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REV 01 **FORM 009**

ST-2-DP Direct Pay Multiple Site Form

		Do not write above this line.
Account ID:	This form is for	
Dout 0	(Reporting period)	
Part 2 — Municipa	palities with business district tax locations es to whole dollars. See instructions.	
Tou must round your nigure	es to whole donars. See instructions.	
	General merchandise	
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	Food, drugs, and medical applie	ances
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Oity, State, Zii		
	General merchandise	
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	Food, drugs, and medical applie 5a	X = 5b
		(rate)
City, state, ZIP		
	General merchandise	
Location code	4a	X = 4b
	Food, drugs, and medical applia	ances ^(rate)
		X = 5b
	General merchandise	
Location code		X = 4b
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Site address	5a	X = 5b
		(rate)
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	Canaral marahandiaa	
Location code	General merchandise	Y - 4b
Site name	Food, drugs, and medical applic	$X \underline{\hspace{1cm}} = 4b \underline{\hspace{1cm}}$
Site address	5a	
		(rate)
City, state, ZIP		
	Page totals	
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